



RAVALLI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

215 S. 4th STREET, SUITE D

HAMILTON, MT 59840

(406) 375-6565, Fax 375-6566

Receipt # _____

WASTEWATER TREATMENT & DISPOSAL SYSTEM - PERMIT APPLICATION

Owner's name: _____ Date: _____

Owner's mailing address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Certified Installer: _____

(If unknown, ensure installer is certified by RCEH)

If self installing, you must take and pass an examination prior to obtaining the permit. Exam # _____ Date: _____

A. Assigned address from County Clerk and Recorder (*PERMIT WILL NOT BE ISSUED WITHOUT A LEGAL ADDRESS – a mailing address is NOT necessarily registered with the County Clerk and Recorder*)

Assigned Address (include city): _____

B. Information about the property:

TAX ID: _____

GEOCODE: _____

Subdivision name: _____

EQ#: _____ PA # _____

Size of lot or parcel _____

Type of water supply _____

(Individual, Shared, Multi-family, Community, Public)

The drainfield must be in compliance with RCEH Regulations and must be AT LEAST:

- 100 ft from wells
- 10 ft from water lines
- 100 ft from floodplain
- 100 ft from surface water
- 6 ft from groundwater
- 6 ft from bedrock
- 10 ft from property lines
- 10 ft from buildings

Type of permit requested: _____ New _____ Replacement _____ Modification/Alteration

_____ Residential # of dwelling units _____ # of bedrooms _____ Unfinished bsmnt? _____ Yes _____ No

_____ Commercial Use _____ # Employees _____ # Customers _____

C. Site layout attached (available at RCEH office): _____ DEQ approval _____ RCEH Site Evaluation**D. Has non-degradation been addressed (has a water sample from the nearest well been tested for nitrates)?**_____ Yes _____ No **OR** _____ Parcel is in DEQ approved subdivision (already complete)**E. Are there any existing structures or sewage disposal facilities on the parcel?** _____ Yes _____ No

If Yes, Explain _____

I have received information about **radon**, a radioactive gas that naturally occurs in the Bitterroot Valley.

I will comply with the terms and conditions of the permit and the system will be in compliance with Ravalli County Subsurface Wastewater Treatment and Disposal Regulations. I certify that the use of this property for which the permit is issued does not violate any terms or conditions of any zoning, floodplain or restrictive covenant.

Applicant's name: _____ Phone: _____ Date: _____

Applicant's Signature _____ Relationship to Owner: _____

PERMIT FEE: Standard Wastewater Treatment System without DEQ approval: \$325; Standard Wastewater Treatment System with DEQ approval: \$225; Pressure-dosed and elevated sand mound (includes review): \$300; **Penalty fee for starting construction without a wastewater treatment permit (maximum per day): \$1000 (owner), \$500 (contractor).**